

FORM INS-1

MAINE REVENUE SERVICES

033000100

ESTIMATED QUARTERLY RETURN PREMIUM AND/OR WORKERS' COMPENSATION INSURANCE TAX

Account ID No.	Period Begin	Period End	Due Date
Entity Information:			•
This return is made in compliance with the provisions of 36 M.R.S.A. § 2521-A.			
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1. Quarterly Estimate	a. PREMIUM	1a.	•
	b. WORKERS' COMP.	1b.	•
	c. TOTAL (line 1a plus line 1b)	1c.	
2. Less: Prior Credit (if any)		2.	
3 TOTAL Remittance with F	Return (line 1c less line 2; if less than zero, enter	r zero) 3	· · · · · · · · · · · · · · · · · · ·
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DATE		*RY	
	President, Treasurer, Secretary, Chief Accounting C		inrocal Insurer See instructions below
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CONTACT PERSON			
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SPECIFIC INSTRUCTIONS

Line 1: Quarterly Estimate. For each of the first and second quarters, this line must equal 35% of total annual liability. For the third quarter, this line must equal 15% of total annual liability.

Line 2: Prior Credit. If the reconciliation return (Form INS-4) for the previous year shows an overpayment, subtract the overpayment from the quarterly payment(s) due for the current year.

INTEREST & PENALTY

Annually, the State Tax Assessor establishes the interest rate by rule. Beginning January 1, 2003 the interest rate is 0.5833% per month.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is the greater of 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

REMITTANCE MUST ACCOMPANY RETURN.

MAKE CHECK PAYABLE TO: SEND CHECK &

RETURN TO:

TREASURER, STATE OF MAINE MAINE REVENUE SERVICES P.O. BOX 1064 AUGUSTA, ME 04332-1064.

Office use only

INS-1 Rev. 11/02